

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029597

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 22

FILED JUL 18 1963

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St clair Co.</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Bates</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Appleton City Mo.</b>         |  | c. CITY OR TOWN <b>Butler Shawhee twp.</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>        |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Ellett Hospital</b> |  | d. STREET ADDRESS (If outside, give location) <b>RFD #2</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |  |

|   |                              |   |   |  |   |
|---|------------------------------|---|---|--|---|
| 3. NAME OF DECEASED<br>(Type or print) First <b>MANDA</b> Middle <b>H.</b> Last <b>ALEXANDER</b>                |                              |   | 4. DATE OF DEATH Month <b>July</b> Day <b>11</b> Year <b>1963</b> |  |   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>W</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>6/29/1880</b>                              | 9. AGE (last birthday)<br><b>83</b>                                    | IF UNDER 1 YEAR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>homemaker</b> |                              | 10b. KIND OF BUSINESS OR INDUSTRY   |   | 11. BIRTHPLACE (City and state or country)<br><b>Pettis Co Mo. USA</b> |   |
| 13a. FATHER'S NAME<br><b>Chas. T Beaman</b>   |                              | 13b. MOTHER'S MAIDEN NAME<br><b>Sarah Greer</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Fred Alexander</b>                   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of)             |                              |   | 17. INFORMANT Address<br><b>Elizabeth Gabriel, Butler Mo.</b>     |  |   |

|  |  |  |
|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Myocardial Infarction, Gentle</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>10 days</b> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____                                   |  |  |

|   |  |  |  |
|---|--|--|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
|---|--|--|--|

|  |   |  |  |
|--|---|--|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |  |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____                  |   |  |  |

|   |  |                              |        |       |
|---|--|------------------------------|--------|-------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
| 21. "I attended the deceased from _____ 7 PM _____ to _____ 11 Jul 63 and last saw her alive on _____ 11 Jul 63<br>Death occurred _____ m on the date stated above, and to the best of my knowledge from the causes stated. |  |                              |        |       |

|  |                                |   |   |
|--|--------------------------------|---|---|
| 22a. SIGNATURE<br><b>Culver Underwood</b>                  | (Degree or title)              | 22b. ADDRESS<br><b>Appleton City</b>                          | 22c. DATE SIGNED<br><b>13 Jul 63</b>                            |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>Jul. 14/63</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Oakhill Cemetery</b> | 23d. LOCATION (City, town, or county)<br><b>Butler Missouri</b> |

|   |   |   |
|---|---|---|
| 24. FUNERAL DIRECTOR<br><b>Culver Underwood, Butler Mo.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>July 13 - 1963</b> | 26. REGISTRAR'S SIGNATURE<br><b>Mildred Martin Deputy</b> |
|---|---|---|

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/59

1 0930

2 0070

3

4 1

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12 1-0

13 1-0

7-27-42-PB

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John H. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.